



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
PO BOX 9048
OLYMPIA, WA 98507-9048
PHONE: (360) 664-1400

UBI

Liquor/Lottery Lic. No. (Office Use Only)

For Validation Only

01P-400-731-0003

CHANGE IN CORPORATE OFFICERS AND/OR STOCK OWNERSHIP

List fee amount next to each license you hold and enter total fees due in the box below

TYPE OF LICENSE HELD/FEE	AMOUNT DUE
Liquor – \$75.00, Change in more than 10% of stock or election of new officers	\$
Lottery – \$25.00, Change in 10% stock or more (no fee for corporate officer change).	\$
Gambling – \$53.00, Change in stock of 10%-50% (no fee for corporate officer change). Note: Contact the Gambling Commission if the change is greater than 50%.	\$
TOTAL AMOUNT DUE	\$

CORPORATE OFFICERS

Make check payable to:
Washington State Treasurer

At the completion of this corporate change, the officers will be as follows:

Corporate Name as registered with the Washington Secretary of State		UBI No.	
Corporation Mailing Address: Street or Route City State Zip Code		Telephone No. ()	
PRESIDENT	Name: Last First Middle Birthdate Social Security No. % Owned		
	Home Address: Street or Route City State Zip Code Telephone No. ()		
	Name of Spouse: Last First Middle		
VICE PRESIDENT	Name: Last First Middle Birthdate Social Security No. % Owned		
	Home Address: Street or Route City State Zip Code Telephone No. ()		
	Name of Spouse: Last First Middle		
SECRETARY	Name: Last First Middle Birthdate Social Security No. % Owned		
	Home Address: Street or Route City State Zip Code Telephone No. ()		
	Name of Spouse: Last First Middle		
TREASURER	Name: Last First Middle Birthdate Social Security No. % Owned		
	Home Address: Street or Route City State Zip Code Telephone No. ()		
	Name of Spouse: Last First Middle		

If necessary, attach additional sheets using the same format as shown above

Corporate Officer changes should also be
filed with the Washington Secretary of
State's office – Corporations Division

Please continue on to the next page.
Your signature is required on page 2.

STOCK OWNERSHIP

Total Stock Authorized	Number of Shares Issued	Par Value per Share
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LIST STOCKHOLDERS AND STOCK CERTIFICATES

Please complete all of the following. Start with certificate number 1. If more space is needed, attach additional sheets using the same format.

Name of Stockholder: <i>Last</i> <i>First</i> <i>Middle</i>			Social Security Number	Birthdate
Home Address: <i>Street or Route</i> <i>City</i> <i>State</i> <i>Zip Code</i>			Name of Spouse: <i>Last</i> <i>First</i> <i>Middle</i>	
Number of Shares Owned	% Owned	Date(s) Issued or Enter "Pending" if Not Yet Issued		

Name of Stockholder: <i>Last</i> <i>First</i> <i>Middle</i>			Social Security Number	Birthdate
Home Address: <i>Street or Route</i> <i>City</i> <i>State</i> <i>Zip Code</i>			Name of Spouse: <i>Last</i> <i>First</i> <i>Middle</i>	
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Number of Shares Owned	% Owned	Date(s) Issued or Enter "Pending" if Not Yet Issued		

Please note: Additional forms or documents may be required by the individual agency
Liquor Control Board: (360)664-1600 • Lottery: (360)753-2155 • Gambling: (360)438-7654 ext. 300

CERTIFICATION

Under penalty of perjury, I hereby certify there have been no changes in officers or stockholders that have not been reported, and that each officer and stockholder is the real party in interest with respect to his/her position and is not acting directly or indirectly as agent, employee or representative of any other person not reported. The undersigned certifies on behalf of the corporation that it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

FOR GAMBLING ONLY: Elected Chief Executive must sign below.

Name (*please print*) _____ Title _____

Signature **X** _____ Date _____